

UTILITY  
PATENT APPLICATION  
TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

P00

First Name of Inventor or Application Identifier

Peter Post et al,

Express Mail Label No:

jc690 U.S. PTO  
09/522620  
03/10/00

ADDRESS TO: Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Specification [Total Pages 34 ]  
2. ☒ Drawing(s) (35USC 113) [Total Pages 5 ]  
3. ☒ Declaration and Power of Attorney [Total Pages 2 ]

a. ☒ Newly executed declaration (Original copy)

b. ☐ Copy from prior application (37CFR 1.63(d))  
(for continuation/divisional with Box 14 completed)

- i. ☐ [Note Box 4 Below]  
**DELETION OF INVENTOR(S)**  
Signed statement attached deleting  
Inventor(s) named in the prior application,  
see 37 CFR 1.63(d)(2) and 1.33(b).

4. ☐ Incorporation By Reference (usable if Box 3b is checked)  
The entire disclosure of the prior application, from which a  
copy of the oath or declaration is supplied under Box 3b,  
is considered as being part of the disclosure of the  
accompanying application and is hereby incorporated by  
reference therein.

ACCOMPANYING APPLICATION PARTS

5. ☒ Assignment Papers (cover sheet & documentation)  
Francotyp-Postalia AG & Co.  
6. ☐ Letter under 37 CFR 1.41(c).  
7. ☐ English Translation Document (if applicable)  
8. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations  
9. ☐ Preliminary Amendment  
10. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)  
11. ☐ Small Entity ☐ Statement filed in prior application,  
Statement(s) Status still proper and desired  
12. ☒ Certified Copy of Priority Document(s) German  
Application No. 199 12 781.6 filed March 12, 1999  
13. ☐ Other:

14. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) ☐ of prior application No: /

CLAIMS AS FILED

(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) BASIC FEE \$690.00
TOTAL CLAIMS 20	13			
INDEPENDENT CLAIMS 3	2			
ANY MULTIPLE DEPENDENT CLAIMS? (YES (X) NO)				
			TOTAL FILING FEE ->	\$690.00

☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with this application, or credit any overpayment to ACCOUNT NO. 08-2290. A duplicate copy of this sheet is enclosed.

☒ A check in the amount of \$ 690.00 to cover the filing fee is enclosed.

15. CORRESPONDENCE ADDRESS

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SIGNATURE:  
491/899:1190  
U-11

DATE: March 9, 2000